

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 33

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/2023

through 03/31/2023

Date of election if applicable:  
(Month, Day, Year)

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☒ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☒ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1435087

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Bill Dodd for Lt. Governor 2026

STREET ADDRESS (NO P.O. BOX)

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95841    | (916)348-9100   |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS  
916-348-9111 / campaigns@rcbs.us

## Treasurer(s)

NAME OF TREASURER  
Denise Lewis

MAILING ADDRESS

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95841    | 916-348-9100    |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/27/2023 By Denise Lewis  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/27/2023 By Bill Dodd  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 33

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Dodd

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: Lieutenant Governor  
Statewide

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Napa CA 94558

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

Bill Dodd Ballot Measure Committee for Progress, Reform & a Stronger California

I.D. NUMBER

1377491

NAME OF TREASURER

Denise Lewis

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento CA 95841 916-348-9100

COMMITTEE NAME

Bill Dodd Senate 2020 Officeholder Account

I.D. NUMBER

1434980

NAME OF TREASURER

Denise Lewis

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento CA 95841 916-348-9100

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |   |
|--|---|
| Statement covers period<br>from 01/01/2023<br>through 03/31/2023 | <b>CALIFORNIA FORM 460</b><br>Page 3 of 33<br>I.D. NUMBER 1435087 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$17,100.00  | \$17,100.00                                |
| 2. Loans Received .....               | Schedule B, Line 7 | \$0.00   | \$0.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$17,100.00  | \$17,100.00                                |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$0.00   | \$0.00                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$17,100.00  | \$17,100.00                                |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00           | \$0.00      |
| 21. Expenditures Made     | \$0.00           | \$0.00      |

## Expenditures Made

|  |                      |              |              |
|--|----------------------|--------------|--------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$144,486.95 | \$144,486.95 |
| 7. Loans Made .....                      | Schedule H, Line 7   | \$4,500.00   | \$4,500.00   |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$148,986.95 | \$148,986.95 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | \$890.45     | \$10,949.40  |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | \$0.00       | \$0.00       |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$149,877.40 | \$159,936.35 |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| 6/2/2026                       | \$481,636.88  |
|                                |               |
|                                |               |
|                                |               |
|                                |               |
|                                |               |
|                                |               |

## Current Cash Statement

|   |   |                |  |
|---|---|----------------|--|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$1,221,326.06 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | \$17,100.00    |  |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | \$19,976.00    |  |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | \$148,986.95   |  |
| 16. ENDING CASH BALANCE .....                             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$1,109,415.11 |  |
| If this is a termination statement, Line 16 must be zero. |   |                |  |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

|                             |                                       |             |
|-----------------------------|---------------------------------------|-------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$4,500.00  |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$10,949.40 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period                          |            | <b>CALIFORNIA FORM 460</b> |
| from   | 01/01/2023 |                            |
| through  | 03/31/2023 | Page 4 of 33               |
| NAME OF FILER<br>Bill Dodd for Lt. Governor 2026 |            | I.D. Number<br>1435087     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                      | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|---------------|--|---|--|-----------------------------|---|--|
| 3/20/2023     | American Staffing Association Staffing PAC<br>Alexandria, VA 22314   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2026P: \$1,000.00                      |
| 3/6/2023      | Association of California Life & Health Insurance Companies PAC (ACLHIC PAC)<br>Sausalito, CA 94965<br>Committee ID: 761012        | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2026P: \$3,000.00                      |
| 1/26/2023     | CA Association Sheet Metal & Air Conditioning Contractors National Association PAC<br>Sacramento, CA 95814<br>Committee ID: 801777 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,000.00                  | \$2,000.00  | 2026P: \$2,000.00                      |
| 2/13/2023     | Calpine Corporation<br>Houston, TX 77002   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,100.00                  | \$4,000.00  | 2026P: \$9,100.00<br>2026G: \$1,900.00 |
| 2/13/2023     | Calpine Corporation<br>Houston, TX 77002   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,900.00                  | \$4,000.00  | 2026P: \$9,100.00<br>2026G: \$1,900.00 |

**SUBTOTAL**

### Schedule A Summary

|   |                          |
|---|--------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$17,100.00              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$0.00                   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL</b> \$17,100.00 |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period                          |            | <b>CALIFORNIA FORM 460</b> |
| from   | 01/01/2023 |                            |
| through  | 03/31/2023 | Page 5 of 33               |
| NAME OF FILER<br>Bill Dodd for Lt. Governor 2026 |            | I.D. Number<br>1435087     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)   |
|---------------|---|---|--|-----------------------------|---|--------------------------------------|
| 3/10/2023     | Farmers Employees & Agents PAC<br>San Rafael, CA 94901<br>Committee ID: 901422                | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,500.00                  | \$2,500.00  | 2026P: \$2,500.00                    |
| 3/13/2023     | Matson Navigation Company, Inc.<br>Oakland, CA 94607  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2026P: \$3,000.00                    |
| 1/3/2023      | National Association of Chain Drug Stores, Inc.<br>Arlington, VA 22209                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2026P: \$1,000.00                    |
| 3/6/2023      | Wine Institute California PAC<br>Long Beach, CA 90802<br>Committee ID: 1277874                | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$3,800.00                  | \$4,100.00  | 2026P: \$9,100.00<br>2026G: \$300.00 |
| 3/6/2023      | Wine Institute California PAC<br>Long Beach, CA 90802<br>Committee ID: 1277874                | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$300.00                    | \$4,100.00  | 2026P: \$9,100.00<br>2026G: \$300.00 |

**SUBTOTAL** \$17,100.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2023  
through 03/31/2023

CALIFORNIA  
FORM **460**

Page 6 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*                      | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule B - Part 2**  
**Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 01/01/2023<br>through 03/31/2023 | <b>CALIFORNIA FORM 460</b> |
|  | Page 7 of 33               |
| I.D. Number<br>1435087   |                            |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Bill Dodd for Lt. Governor 2026

| FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | LOAN               | AMOUNT<br>GUARANTEED<br>THIS PERIOD | CUMULATIVE<br>TO DATE                              | BALANCE<br>OUTSTANDING<br>TO DATE |
|--|--|---|--------------------|-------------------------------------|--|-----------------------------------|
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
| SUBTOTAL   |  |   |                    |                                     | Enter on<br>Summary Page,<br>Line 17 only.         |                                   |

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>01/01/2023</u><br><br>through <u>03/31/2023</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>8</u> of <u>33</u> |
| I.D. Number<br>1435087   |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|----------------------------------|---------------------------|---|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |            |                        |  |
|-------------------------|------------|------------------------|--|
| Statement covers period |            | SCHEDULE D             |  |
| from                    | 01/01/2023 | CALIFORNIA FORM 460    |  |
| through                 | 03/31/2023 | Page 9 of 33           |  |
|                         |            | I.D. NUMBER<br>1435087 |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

| DATE      | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE  | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|--|--|---------------------------|--------------------|--|------------------------------------|
| 1/31/2023 | Payee Name: Imelda Ceja for Senate 2022<br>Candidate Name: Imelda Ceja<br>State Senator<br>District 16<br>Jurisdiction: Senate   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | \$1,000.00         | \$1,000.00   | 2022G: \$1,000.00                  |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                           |                    |  |                                    |
| 2/10/2023 | Payee Name: Bill Dodd Senate 2020 Officeholder Account<br>Candidate Name: Bill Dodd<br>State Senator<br>District 3<br>Jurisdiction: Senate<br><br>Memo Reference: EXP824 | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | \$4,500.00         | \$4,500.00   |                                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                           |                    |  |                                    |
| 2/22/2023 | Davis College Democrats PAC  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | \$500.00           | \$500.00   |                                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                           |                    |  |                                    |
| SUBTOTAL  |  |  |                           |                    |  |                                    |

## Schedule D Summary

- |  |                   |
|--|-------------------|
| 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)         | \$64,690.00       |
| 2. Unitemized contributions and independent expenditures made this period of under \$100                                     | \$40.00           |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | TOTAL \$64,730.00 |

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

**CALIFORNIA**  
**FORM 460**

Page 10 of 33

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

| DATE      | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE  | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------|--|--|------------------------------|-----------------------|--|--|
| 2/22/2023 | Payee Name: Sonoma County Democratic Party<br>Candidate Name: Sonoma County Democratic Central Committee   | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Non-Monetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$640.00              | \$640.00   |  |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 2/22/2023 | Payee Name: Hermosillo for Supervisor 2024<br>Candidate Name: Rebecca Hermosillo<br>County Supervisor<br>District 1<br>Jurisdiction: Sonoma County | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,000.00            | \$1,000.00   | 2024P: \$1,000.00                        |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 2/22/2023 | Payee Name: Josh Newman for Senate 2024<br>Candidate Name: Josh Newman<br>State Senator<br>District 29<br>Jurisdiction: Senate                     | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$5,500.00            | \$5,500.00   | 2024P: \$5,500.00                        |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 2/22/2023 | Payee Name: Alvarado-Gil for Senate 2026<br>Candidate Name: Marie Alvarado-Gil<br>State Senator<br>District 4<br>Jurisdiction: Senate              | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$5,500.00            | \$5,500.00   | 2026P: \$5,500.00                        |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| SUBTOTAL  |  |  |                              |                       |  |  |

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

**CALIFORNIA  
FORM 460**

Page 11 of 33

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

| DATE      | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT   | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 2/22/2023 | California Democratic Party   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Non-Monetary Contribution<br><input type="checkbox"/> Independent Expenditure |                              | \$45,500.00           | \$45,500.00  | 2026P: \$45,500.00                       |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |   |                              |                       |  |  |
| 3/21/2023 | Solano Northern Democratic Club   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure  |                              | \$250.00              | \$250.00   |  |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |   |                              |                       |  |  |
| 3/24/2023 | Napa Solano Central Labor Council   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure  |                              | \$300.00              | \$300.00   |  |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |   |                              |                       |  |  |
|           |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure             |                              |                       |  |  |
|           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |   |                              |                       |  |  |

**SUBTOTAL** \$64,690.00

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                        |
|--|------------------------|
| Statement covers period<br>from 01/01/2023<br>through 03/31/2023 | CALIFORNIA<br>FORM 460 |
| Page 12 of 33  | I.D. NUMBER<br>1435087 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Ezrah Chaaban<br>Sonoma, CA 95476                                   | CNS  |    |                        | \$2,000.00  |
| Fair Political Practices Commission (FPPC)<br>Sacramento, CA 95811  | OFC  |    |                        | \$7,500.00  |
| River City Business Services<br>Sacramento, CA 95841                | PRO  |    |                        | \$556.90    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

|  |                           |
|--|---------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$144,310.07              |
| 2. Unitemized payments made this period of under \$100. ....   | \$176.88                  |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$0.00                    |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL</b> \$144,486.95 |

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period                          |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 01/01/2023                                  |  |                                |
| through 03/31/2023                               |  | Page 13 of 33                  |
| NAME OF FILER<br>Bill Dodd for Lt. Governor 2026 |  | I.D. NUMBER<br>1435087         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Julie Sandino<br>Sacramento, CA 95814   | POS  |    |                        | \$7.20      |
| Julie Sandino<br>Sacramento, CA 95814   | CNS  |    |                        | \$9,494.85  |
| RCBS Payroll<br>Sacramento, CA 95841  | SAL  |    |                        | \$284.13    |
| RCBS Payroll<br>Sacramento, CA 95841  | PRO  |    |                        | \$156.00    |
| Verizon Wireless<br>Irvine, CA 92618  | OFC  |    |                        | \$114.29    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from 01/01/2023<br>through 03/31/2023 | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page 14 of 33                  |
|  | I.D. NUMBER<br>1435087         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT                             | AMOUNT PAID |
|---|------|----|--|-------------|
| Ezrah Chaaban<br>Sonoma, CA 95476   | CNS  |    |  | \$2,000.00  |
| American Express<br>Los Angeles, CA 90096                                       |      |    | See Schedule 'G' For Individual Credit Card Payees | \$15,083.81 |
| Imelda Ceja for Senate 2022<br>Sacramento, CA 95815                             | CTB  |    |  | \$1,000.00  |
| Committee ID: 1444381<br>RCBS Payroll<br>Sacramento, CA 95841                   | SAL  |    |  | \$284.13    |
| RCBS Payroll<br>Sacramento, CA 95841  | PRO  |    |  | \$76.00     |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period                          |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 01/01/2023                                  |  |                                |
| through 03/31/2023                               |  | Page 15 of 33                  |
| NAME OF FILER<br>Bill Dodd for Lt. Governor 2026 |  | I.D. NUMBER<br>1435087         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| River City Business Services<br>Sacramento, CA 95841                            | PRO  |    |                        | \$543.94    |
| Verizon Wireless<br>Irvine, CA 92618  | OFC  |    |                        | \$114.52    |
| RCBS Payroll<br>Sacramento, CA 95841  | SAL  |    |                        | \$284.13    |
| RCBS Payroll<br>Sacramento, CA 95841  | PRO  |    |                        | \$76.00     |
| Davis College Democrats PAC<br>Davis, CA 95616                                  | CTB  |    |                        | \$500.00    |
| Committee ID: 1303239   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from 01/01/2023<br>through 03/31/2023 | CALIFORNIA FORM 460<br>Page 16 of 33<br>I.D. NUMBER 1435087 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Sonoma County Democratic Party<br>Sacramento, CA 95841                          | CTB  |    |                        | \$640.00    |
| Committee ID: 742474<br>Hermosillo for Supervisor 2024<br>Santa Rosa, CA 95401  | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1451806<br>Josh Newman for Senate 2024<br>Sacramento, CA 95814    | CTB  |    |                        | \$5,500.00  |
| Committee ID: 1435010<br>Alvarado-Gil for Senate 2026<br>Sacramento, CA 95841   | CTB  |    |                        | \$5,500.00  |
| Committee ID: 1457661<br>California Democratic Party<br>Sacramento, CA 95811    | CTB  |    |                        | \$45,500.00 |
| Committee ID: 741666  |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from 01/01/2023<br>through 03/31/2023 | CALIFORNIA<br>FORM 460<br>Page 17 of 33<br>I.D. NUMBER<br>1435087 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT                             | AMOUNT PAID |
|---|------|----|--|-------------|
| American Express<br>Los Angeles, CA 90096                                       |      |    | See Schedule 'G' For Individual Credit Card Payees | \$17,841.11 |
| RCBS Payroll<br>Sacramento, CA 95841  | SAL  |    |  | \$284.13    |
| RCBS Payroll<br>Sacramento, CA 95841  | PRO  |    |  | \$76.00     |
| Ezrah Chaaban<br>Sonoma, CA 95476   | CNS  |    |  | \$2,000.00  |
| Thomas W Bartee<br>Vallejo, CA 94590  | OFC  |    |  | \$260.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period                          |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 01/01/2023                                  |  |                                |
| through 03/31/2023                               |  | Page 18 of 33                  |
| NAME OF FILER<br>Bill Dodd for Lt. Governor 2026 |  | I.D. NUMBER<br>1435087         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT                          | AMOUNT PAID |
|---|------|----|---|-------------|
| River City Business Services<br>Sacramento, CA 95841                            | PRO  |    |   | \$509.74    |
| Gary Archer<br>Dixon, CA 95620  | MTG  |    | 3/29/23, Spring 2023 Men's Dinner, 2, Candidate | \$200.00    |
| RCBS Payroll<br>Sacramento, CA 95841  | SAL  |    |   | \$284.13    |
| RCBS Payroll<br>Sacramento, CA 95841  | PRO  |    |   | \$76.00     |
| Verizon Wireless<br>Irvine, CA 92618  | OFC  |    |   | \$114.53    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period                          |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 01/01/2023                                  |  |                                |
| through 03/31/2023                               |  | Page 19 of 33                  |
| NAME OF FILER<br>Bill Dodd for Lt. Governor 2026 |  | I.D. NUMBER<br>1435087         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE | OR | DESCRIPTION OF PAYMENT                             | AMOUNT PAID |
|---|------|----|--|-------------|
| Solano Northern Democratic Club<br>Fairfield, CA 94533                                      | CTB  |    |  | \$250.00    |
| Committee ID: 890900<br>Anthony Portantino for Congress<br>Norwalk, CA 90650                |      |    | Federal Contribution                               | \$500.00    |
| Dave Min for Congress<br>Irvine, CA 92616   |      |    | Federal Contribution                               | \$500.00    |
| Napa Solano Central Labor Council<br>Fairfield, CA 94533                                    | CTB  |    |  | \$300.00    |
| Committee ID: 742921<br>Vallejo Education & Business Alliance (VEBA)<br>Fairfield, CA 94534 | MTG  |    | 5/19/23, VEBA Gala Winemakers Dinner, 2, Candidate | \$250.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from 01/01/2023<br>through 03/31/2023 | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page 20 of 33                  |
|  | I.D. NUMBER<br>1435087         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT                             | AMOUNT PAID |
|---|------|----|--|-------------|
| CABE Woodland Chapter<br>Woodland, CA 95695                                     | CVC  |    |  | \$500.00    |
| American Express<br>Los Angeles, CA 90096                                       |      |    | See Schedule 'G' For Individual Credit Card Payees | \$21,788.40 |
| RCBS Payroll<br>Sacramento, CA 95841  | PRO  |    |  | \$76.00     |
| RCBS Payroll<br>Sacramento, CA 95841  | SAL  |    |  | \$284.13    |
|   |      |    |  |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$144,310.07

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 01/01/2023  
through 03/31/2023

CALIFORNIA  
FORM 460

Page 21 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| River City Business Services<br>Sacramento, CA 95841                   | PRO                               | \$556.90  | \$0.00                                | \$556.90  | \$0.00   |
| Julie Sandino<br>Sacramento, CA 95814                                  | CNS                               | \$9,494.85  | \$0.00                                | \$9,494.85  | \$0.00   |
| Julie Sandino<br>Sacramento, CA 95814                                  | POS                               | \$7.20  | \$0.00                                | \$7.20  | \$0.00   |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$10,949.40
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$10,058.95
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$890.45  
May be a negative number.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 01/01/2023  
through 03/31/2023

CALIFORNIA  
FORM **460**

Page 22 of 33

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

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| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT   | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|---|---|---------------------------------------|---|--|
| American Express<br>Los Angeles, CA 90096                              | See Schedule 'G' For Individual<br>Credit Card Payees   | \$0.00  | \$868.30                              | \$0.00  | \$868.30   |
| River City Business Services<br>Sacramento, CA 95841                   | PRO   | \$0.00  | \$600.84                              | \$0.00  | \$600.84   |
| Mandalay Bay Resort & Casino<br>Las Vegas, NV 89119                    | FND<br>3/16/23-3/18/23, Fundraiser, 21,<br>Candidate and Ezra<br>Chaaban-Authority to Approve<br>Expenditures | \$0.00  | \$8,555.46                            | \$0.00  | \$8,555.46   |
| Julie Sandino<br>Sacramento, CA 95814                                  | FND<br>3/16/23-3/18/23, Fundraiser, 21,<br>Candidate and Ezra<br>Chaaban-Authority to Approve<br>Expenditures | \$0.00  | \$495.46                              | \$0.00  | \$495.46   |

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 01/01/2023  
through 03/31/2023

CALIFORNIA  
FORM 460

Page 23 of 33

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

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|--|---|---|---------------------------------------|---|--|
| Julie Sandino<br>Sacramento, CA 95814                                  | TRS<br>3/16/23-3/18/23, Airfare to<br>Attend Fundraiser, 1        | \$0.00  | \$325.46                              | \$0.00  | \$325.46   |
| Sebastian Mercado<br>Sacramento, CA 95814                              | TRS<br>3/16/23-3/18/23, Transportation<br>to Attend Fundraiser, 1 | \$0.00  | \$103.88                              | \$0.00  | \$103.88   |
|  |   |   |                                       |   |  |
|  |   |   |                                       |   |  |
| <b>SUBTOTALS</b>   |   | \$10,058.95   | \$10,949.40                           | \$10,058.95   | \$10,949.40  |

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2023  
through 03/31/2023

CALIFORNIA  
FORM **460**

Page 24 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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|     |   |     |   |     |   |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR   | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|--|------------------------|-------------|
| A Celebration of Life for Tim Schaefer<br>San Diego, CA 92123                   | CVC  |  |                        | \$287.50    |
| Amazon<br>Seattle, WA 98109   | OFC  | Refund   |                        | (\$105.95)  |
| The Lodge at Torrey Pines<br>La Jolla, CA 92037                                 | MTG  | Beverages Only   |                        | \$156.00    |
| Southwest Airlines<br>Dallas, TX 75235  | TRS  | 3/24/23-3/26/23, Airfare to Attend Campaign Meeting, 1 |                        | \$437.97    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$775.52

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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SCHEDULE G

Statement covers period  
from 01/01/2023  
through 03/31/2023

CALIFORNIA  
FORM **460**

Page 25 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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|---|------|----|--|-------------|
| Southwest Airlines<br>Dallas, TX 75235  | TRC  |    | 3/24/23-3/26/23, Airfare to Attend Campaign Meeting, 1, Candidate                                  | \$437.97    |
| Southwest Airlines<br>Dallas, TX 75235  | TRC  |    | 3/16/23-3/18/23, Airfare to Attend Fundraiser, 1, Candidate  | \$436.97    |
| Southwest Airlines<br>Dallas, TX 75235  | TRS  |    | 3/16/23-3/18/23, Airfare to Attend Fundraiser, 1, Ezraha Chaaban-Authority to Approve Expenditures | \$436.97    |
| Bottle Rock Napa<br>Napa, CA 94559  | FND  |    | Deposit  | \$14,771.13 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$16083.04

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2023  
through 03/31/2023

**CALIFORNIA**  
**FORM** **460**

Page 26 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR  | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|---|------------------------|-------------|
| Bottle Rock Napa<br>Napa, CA 94559  | FND  | Deposit   |                        | \$14,771.12 |
| Boys and Girls Clubs of Sonoma Valley<br>Sonoma, CA 95476                       | CVC  |   |                        | \$2,050.00  |
| La Casa Restaurant<br>Sonoma, CA 95476  | MTG  | Appetizers and Drinks Only  |                        | \$255.55    |
| La Casa Restaurant<br>Sonoma, CA 95476  | MTG  | 3/24/23, Campaign Meeting, 3, Candidate and Ezrah Chaaban-Authority to Approve Expenditures |                        | \$201.32    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$17277.99

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2023  
through 03/31/2023

CALIFORNIA  
FORM **460**

Page 27 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|------|----|---|-------------|
| Mandalay Bay Resort & Casino<br>Las Vegas, NV 89119                             | FND  |    | 3/16/23-3/18/23, Fundraiser, 21, Candidate and Ezraha Chaaban-Authority to Approve Expenditures | \$18,748.52 |
| Mentis<br>Napa, CA 94559  | CVC  |    |   | \$1,000.00  |
| Park Hyatt Aviara<br>Carlsbad, CA 92011   | MTG  |    | 3/24/23, Pro Tem Cup Fundraiser Meeting, 4, Candidate   | \$202.40    |
| Ride in Style<br>San Diego, CA 92129  | TRC  |    | 2/4/23, Transportation to Attend Smart Justice Event, 2, Candidate and Spouse                   | \$180.00    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$20130.92

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2023  
through 03/31/2023

CALIFORNIA  
FORM **460**

Page 28 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|------|----|---|-------------|
| Ride in Style<br>San Diego, CA 92129  | TRC  |    | No Single Transaction Exceeds Reporting Threshold                           | \$144.00    |
| Selland Family Restaurant<br>Sacramento, CA 95819                               | MTG  |    | 3/20/23, Woman of the Year Celebration Lunch, 5, Candidate                  | \$290.00    |
| Sky and Vine<br>Napa, CA 94559  | MTG  |    | Appetizers and Drinks Only  | \$163.08    |
| Southwest Airlines<br>Dallas, TX 75235  | TRS  |    | 2/2/23-2/4/23, Airfare to Attend Smart Justice Event, 1, Candidate's Spouse | \$257.96    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$855.04

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2023  
through 03/31/2023

**CALIFORNIA**  
**FORM 460**

Page 29 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
RCBS Payroll

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Angelica C. Mancuso<br>Napa, CA 94559   | SAL  |    |                        | \$227.74    |
| Angelica C. Mancuso<br>Napa, CA 94559   | SAL  |    |                        | \$227.74    |
| Angelica C. Mancuso<br>Napa, CA 94559   | SAL  |    |                        | \$227.74    |
| Angelica C. Mancuso<br>Napa, CA 94559   | SAL  |    |                        | \$227.74    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$910.96

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2023  
through 03/31/2023

**CALIFORNIA**  
**FORM** **460**

Page 30 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
RCBS Payroll

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Angelica C. Mancuso<br>Napa, CA 94559   | SAL  |    |                        | \$227.74    |
| Angelica C. Mancuso<br>Napa, CA 94559   | SAL  |    |                        | \$227.24    |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$454.98

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period

from 01/01/2023

through 03/31/2023

CALIFORNIA  
FORM 460

Page 31 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD*                     | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE         |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---|
| Bill Dodd Senate 2020 Officeholder Account<br>Sacramento, CA 95841<br>Memo Reference: RCV825   |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN | \$4,500.00  | %<br>RATE                   | \$4,500.00                           | CALENDAR YEAR<br>\$4,500.00<br>PER ELECTION** |
|  |   |   | \$4,500.00                             |  | 8/10/2023<br>DATE DUE                                       |                             | 2/10/2023<br>DATE INCURRED           |   |
| Committee ID: 1434980  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | %<br>RATE                   |                                      | CALENDAR YEAR<br>PER ELECTION**               |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |   |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. |   |   | <b>SUBTOTALS</b>                       | \$4,500.00   |   |                             |                                      |   |

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period ..... \$4,500.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans ..... \$0.00  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \$4,500.00  
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

\*\* If Required

Schedule I  
Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2023  
through 03/31/2023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bill Dodd for Lt. Governor 2026

I.D. NUMBER  
1435087

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | DESCRIPTION OF RECEIPT                                     | AMOUNT OF INCREASE TO CASH |
|---------------|--|--|----------------------------|
| 3/31/2023     | Bill Dodd Ballot Measure Committee for Progress, Reform & a Stronger California<br>Sacramento, CA 95841<br><br>Filer ID: 1377491 | Reimbursement for BM committee portion of Fundraiser Costs | \$19,922.93                |
|               |  |  |                            |
|               |  |  |                            |
|               |  |  |                            |
|               |  |  |                            |
|               |  |  |                            |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$19,922.93

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$19,922.93

2. Unitemized increases to cash under \$100 this period..... \$53.07

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... TOTAL \$19,976.00



Memo Reference: EXP824  
Loan Given

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Memo Reference: RCV825  
Loan Given

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